## Kentucky Department of Insurance Division of Health Insurance Policy and Managed Care

## **Face Sheet and Verification Form (In Duplicate)**

Company	Phone N	o. (800# if available)	NAIC Company No.	Fed. Tax ID.
No.				
Address, City, State and Zip Code		·	Fax Number	E-Mail Address
Form No. *	Description of Filing			Flesch Score
1. CERTIFICATION Include POLICY FORMS policy ************************************	must include rate	es, actuarial memorandu	ım, and classifications, i	f any.
2. APPROVAL - FORMS  (These filings may not be filed by certification)  ***********************************	( ) Stop Loss ( ) HMO	<ul><li>( ) Medicare Supp.</li><li>( ) Blanket</li></ul>	( ) Limited Health Se ( ) LTC/Nursing Hon	rvice Benefit Plan ne/Home Health
3. APPROVAL - RATES				
4. FILED ONLY	( ) Provider Agreements ( ) Risk Sharing Arrangements ( ) Provider Directory ( ) Advertising ( ) Other:			
5. <b>AMENDMENT</b>	( ) Previously Approved Health Benefit Plan Rate Filing DOI FILE NO: Approval Date:			
**********	******	*******	***********	******
6. REFERENCE FILING (For use only when referencing another company's approved	Referenced Company Name		NAIC #	
filing).	Date Approved by Kentucky Department of Insurance Form #			
FEES: KRS. 304.4-010 and 806 KAR subject to prior approval; b) ; and d) a \$50.00 filin Pursuant to KRS 304.3-270 sul KRS 304.17A-527 and 806 KA \$50.00 for a risk sharing arrange.	for other ng fee for amend omit the greater of the description of the	rate and form filings; coments to previously apport a), b), c), or d). Amoust filing fee as follows:	your company's domic roved health benefit planut submitted \$ a) \$25.00 for provider	ciliary state fee of n rate filings.
A FILING CANNOT BE AC (MAKE CHEC		ESS ACCOMPANIED TO KENTUCKY STA		ATE FEE
CERTIFICATION OF PERSON RESPONSIBLE FOR FILING				
I certify that I have been authorized by listed above to make this filing.	the board of dire	ectors or management co	ommittee of the company	y or organization
NAME (Manual Signature Required)		POSITION	DATE	
NAME (Print or Type)				

<sup>\*</sup> Applications, benefit riders, certificates of insurance, and disclosure statements will **not** be adopted by reference unless noted above with form numbers.